

## CANDIDATE COMMITTEE COVER PAGE

COVER PAGE	2%	FOR OFFICIAL USE ON	LY
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.		overs From: 2 -3/-03 To: 7-/	8-04 Year
1. Committee I.D. Number   35331-50	4. Candidate Last	Name First Name	M.I.
2. Committee Name  COMMITTEE TO ELECT  TAMES SENSTOCK	4a. Office Sought II SUPEL V 4b: County of Resid	lence Driver License # (Optional)	NWSHIP
5. Committee's Mailing Address  31698 SAN JUAN  HALLISON TWI, M / 48045  Area Code and Phone (586) 463-9/50  If the address in this box is different from the committee mailing address on the Statement of Organization, mail may	JAME 3/69 Area Code & Phone	e & Residential Address S SENSTOCK 8 SAN JUAN, NARKISON TO E (588) 463-9150  ptional)	3P M1 48045
7. Treasurer's Business Address	Area Code and Pho	ord keeper's Name and Mailing Address (If the commi keeper)  one ()	ttee has a
9. TYPE OF STATEMENT		9c. Annual Statement ( Coverage	Year)
9a. Pre-Election OR 9b. 17 Po.		9c. Annual Statement ( Coverage	
9a. Pre-Election OR 9b. 1. Po. Pre-Election or Post-Election Statement relates to:	st-Election	9c. Annual Statement Coverage  9d. Amendment to Campaign Statement (Com 9c or 9e to indicate which Statement is being amend	
9a. Pre-Election OR 9b. 1 Post-Post-Election or Post-Election Statement relates to:	st-Election eneral	9c. Annual Statement ( Coverage  9d. Amendment to Campaign Statement (Com 9c or 9e to indicate which Statement is being amend 9e Dissolution of Candidate Committee	
9a. Pre-Election OR 9b. ☐ Portion Pre-Election or Post-Election Statement relates to:  Primary ☐ Ge ☐ Convention ☐ Sch	est-Election eneral	9c. Annual Statement Coverage  9d. Amendment to Campaign Statement (Com 9c or 9e to indicate which Statement is being amend	
9a. Pre-Election OR 9b. 1 Post-Post-Election or Post-Election Statement relates to:	est-Election eneral	9c. Annual Statement Coverage  9d. Amendment to Campaign Statement (Com 9c or 9e to indicate which Statement is being amend 9e Dissolution of Candidate Committee  Effective Date of Dissolution  Month Day Year	plete Item 9a, 9b, ded)
9a. Pre-Election OR 9b. 1 Por Pre-Election or Post-Election Statement relates to:  Primary Ge Convention Sch Special Car  Date of Election, Convention or Caucus	est-Election eneral	9c. Annual Statement Coverage  9d. Amendment to Campaign Statement (Com 9c or 9e to indicate which Statement is being amend 9e Dissolution of Candidate Committee  Effective Date of Dissolution	plete Item 9a, 9b, ded)
9a. Pre-Election OR 9b. 1 Por Pre-Election or Post-Election Statement relates to:  Primary Ge Convention Sch Special Car  Date of Election, Convention or Caucus	eneral  cool  cucus  call required Campaig expenditures, and out changed since the infe	9c. Annual Statement ( Coverage   9d. Amendment to Campaign Statement (Com   9c or 9e to indicate which Statement is being amend   9e Dissolution of Candidate Committee   Effective Date of Dissolution   Month Day Year   By checking this item, I'We certify that the committe   outstanding debts, including tate filling fees. Note: T   residual funds must be reported on Schedule 1B an   Page.  Statements. The Campaign Statements must inclustranding debts count against the \$1,000 Reporting W   I statement of a request for a Reporting Walver is no	plete Item 9a, 9b, ded) ee has no assets or he disposition of d the Summary
Pre-Election or Post-Election Statement relates to:  Primary Ge Convention Sch Special Ca  Date of Election, Convention or Caucus  Month Day Year  A committee that does not have a Reporting Walver must file Schedules. Direct contributions, in-kind contributions, loans, If any of the information listed in Items 2, 4, 5, 6, 7, or 8 has contributed accommendation or convenience of the contributions of the co	eneral  cool  call required Campaig expenditures, and outlanged since the info	9c. Annual Statement ( Coverage   9d. Amendment to Campaign Statement (Com   9c or 9e to indicate which Statement is being amend   9e Dissolution of Candidate Committee   Effective Date of Dissolution   Month Day Year   By checking this item, I/We certify that the committee   outstanding debts, including late filling fees. Note: T   residual funds must be reported on Schedule 1B an   Page.  In Statements. The Campaign Statements must inclust   standing debts count against the \$1,000 Reporting Warmation was shown on the committee's Statement of   attement. If a request for a Reporting Walver is no   attement cannot be waived.	plete Item 9a, 9b, ded)  ee has no assets or he disposition of dithe Summary  de all applicable aiver threshold. Organization, an t received on or
Pre-Election or Post-Election Statement relates to:  Primary Ge Convention Sch Special Ca  Date of Election, Convention or Caucus  Month Day Year  A committee that does not have a Reporting Walver must file Schedules. Direct contributions, in-kind contributions, loans, If any of the information listed in Items 2, 4, 5, 6, 7, or 8 has camendment to the Statement of Organization should accomplete the filing deadline of a required campaign statement.	eneral and a second services and required Campaig expenditures, and outlanged since the Info Campaign Steph, that campaign second, that campaign second seco	9c. Annual Statement (	plete Item 9a, 9b, ded)  ee has no assets or he disposition of dithe Summary  de all applicable aiver threshold. Organization, an t received on or



MICHIGAN DEPARTMENT OF STATE Bureau of Elections

2. Committee Name COMMITTEL TO LLECT

JAMES SENSTOCK

SUMMARY PAGE CANDIDATE COMMITTEE

RECEIPTS	Column I	Column II
3. Contributions	This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>3585,00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	
c. Subtotal of "Contributions"	(3c.) \$ <u>3585,00</u>	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>3585,00</u>	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>3597.85</u>	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES	•	
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 606,76	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$606,76	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)	•	
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Uniternized (less than \$50.01 each - no Schedule)	(10b.) \$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	(24.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.)\$ <u>5597,4/</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ /3.15	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.)+\$ <u>3585,00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ 3598, 15"	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ 606.76	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>2991,39</u>	

IOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.

All required schedules must be included with this statement. \*If your ending balance is negative, please recheck your math.

Authority granted under P.A. 388 of 1976

### **8**

# ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee	I.D. Numbe	ır	135	33	1-50	•
0.0			-	4400		

Enter contributor's name and address. If contribution is from an individual, enter last name, first name middle initial. Check box to indicate if contribution is from a Political Committee or an independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Ea Contributor (Through
3. Contribution # 1 PAC Receipt?   YES 4. Date of Receipt		date of receipt )
Name: MIKE & MARLENE SESS A		
Address: 29559 RIVELSIDE BAY CT WALK TWP 48045	<del>,</del>	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer	30,00	·
Rutinate Artirate		
Type of Contribution: Direct Loan from a person E Fund Raiser		
3. Contribution #2 PAC Receipt2 CLYES 4 Details		
Name: RON KEINIE & PAT		
Address: 42722 WILMINGTON STELLING HTS 48313		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer	30.00	
Business Address		
Type of Contribution: Direct		
3. Contribution #3 PAC Receipt? DYES 4. Date of Receipt 5/25/04		
Name: JAMES SENSTOCK		1
Address: 31055 SAN JUAN HARASON PWP 48045		
5. If over \$100.00 cumulative, please provide:	7000 00	
Occupation CANDIOATE Employer RETTRE O	2000,00	
Bueiness Address		
Type of Contribution: Direct Loan from a person  Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt Name:  5/00/L4 9 LORRAINE CIPRIANO		
Address: 31074 SAN JUAN 4.T. 48045		
. If over \$100.00 cumulative, please provide:	4000	
OccupationEmployer_	160.00	•
lusiness Address		
ype of Contribution: 💆 Direct 🔲 Loan from a person 🔯 Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	2220.00	<del>- ,   - ,   , , , , , , , , , , , , , , </del>
	Enterthicker	
· ·	Enter this total on	

Enter this total on line 3a of Summary Page

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1. Committee I.D. Number \_\_\_\_/35 33/-50 2. Committee Name \_\_\_\_CTE \_\_\_\_\_TAMES \_\_\_\_\_\_SENSTOCK

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt		date of receipt )
Name: MR & MRS EDWARD EADES  Address: 28006 MARLE FOREST BLID W H.T 48045		
Address: 28006 MAPLE FOREST BLID W H.T WOODS		
5. If over \$100.00 cumulative, please provide:	75.00	
OccupationEmployer_	23.00	•
Business Address		
Business Address  Type of Contribution: Direct	ļ	
3. Contribution #2 PAC Receipt? □ YES 4. Date of Receipt 6/12/04		
Name: HAROLO & BETTIE MOORE		
Address: 4/601 BAYNAVEN HT. 48045		
5. If over \$100.00 cumulative, please provide:	25.00	
Occupation Employer	23,00	
Rusinese Address		
Type of Contribution: Direct		
3. Contribution #3 PAC Receipt? TYES 4. Date of Receipt 6/15/04  Name: WALTER C GRAVES		
Address: 27765 MOLAN N.T. 48045		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer	25.00	
Business Address		
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 6/11/04 Name: GLORGE & CAROL WILLER SHAUSEN		
Address: 41364 BAYHAVEN H.T. 48045		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer	15.00	
Business Address		
Type of Contribution: Direct		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	90.00	

Enter this total on line 3a of Summary Page



1. Committee I.D. Nur	nber	135331	-50
2. Committee Name	PTE	TOME	

Enter contributor's name and address. If contribution is from an individual, enter last name, first name middle initial. Check box to indicate if contribution is from a Political Committee or an independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Ea Contributor (Through
3. Contribution # 1 PAC Receipt? D YES 4. Date of Receipt		date of receipt )
Name: MARION KLAEMER	•	
Address: 54148 BUCCANEER'S BAY SALLBY TWP 48316		
5. If over \$100.00 cumulative, please provide:	100.00	
OccupationEmployer	100.00	
Business Address		
Type of Contribution: Direct		
3. Contribution #2 PAC Receipt? [] YES 4 Date of Receipt		
Name: MIKE & MARLENE SESSA 6/19/04		
Address: 29559 RIVERSIDE BAY CT N.T. 48045		
5. If over \$100.00 cumulative, please provide:	7500	_
OccupationEmployer	25.00	55,00
Business Address		
Type of Contribution: Direct		
Name: MICHAEL & SUSANWA RICE Address: 39/7/ CHARTIER LANE HT. 48045  5. If over \$100.00 cumulative, please provide:	30.00	
OccupationEmployer		
Business Address		
Type of Contribution: 💆 Direct 🔲 Loan from a person 💆 Fund Raiser	:	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 42/04  Name: TERESA KASEMER		
Address: 54148 BUCCANEERS BAY SHELBY TWO 48316		
5. If over \$100.00 cumulative, please provide:	75.00	
DecupationEmployer	30,00	
Susiness Address	j	
ype of Contribution: Direct		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	185.00	
<u>L</u>		
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Authority granted under P.A. 388 of 1976



1. Committee I.D. Nun	nber	355	331	-50	
2 Campulling No.	A 750	Talas			

Enter contributor's name and address. If contribution is from an individual, enter last name, first name middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	e. 6. Amount	7. Cumulative for Election Cycle for Ea Contributor (Through
3. Contribution # 1 PAC Receipt? DYES 4. Date of Receipt 6/21/04		date of receipt )
JOHN & JEANNE GABOR		
Address: 41526 CLAIRPOINTE H.T. 48045		
5. If over \$100.00 cumulative, please provide:	70,00	
OccupationEmployer	20,00	
Business Address		
Type of Contribution: ☑ Direct ☐ Loan from a person ☒ Fund Raiser		
3. Contribution #2 PAC Receipt? D YES 4. Date of Receipt		
DAKKEN, M.J. ALEX, CAROLINE YORK		
Address: 38964 NORTHPOINTE, H.T. 48045		
5. If over \$100.00 cumulative, please provide:	60.00	
OccupationEmployer	60.00	
Business Address		
Type of Contribution:   ☐ Loan from a person  ☐ Fund Raiser		
3. Contribution #3 PAC Receipt? DYES 4. Date of Receipt  Name: DAVID & MARIA SILVER  (6/12/04)		
Address: 41329 GLOCA MORA 117: 4845		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer	50.00	
Business Address		
Type of Contribution: Direct		•
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 6/26/04 Name: MATT & SHARON EINEMAN		
Address: 39768 CHART H.T. 4804 5		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer	50.00	
Business Address		
ype of Contribution: Direct		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	180.00	
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Authority granted under P.A. 388 of 1976



1. Committee I.D. Number /3533/-50
2. Committee Name CTE JAMES SENSTOCK

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an independent Committee. (PAC) Report all contributions from committees regardless of amount.  3. Contribution # 1  PAC Receipt? ITYES  4. Date of Receipt	6. Amount	7. Cumulative for Election Cycle for Eacl Contributor (Through date of receipt )
La lad		date of receipt )
Name: JOHN & JEANNE GABOR		İ
Address: 44526 CLAIRPOINTE H.T. 48045		ĺ
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer_	50.00	70.00
Business Address		
Type of Contribution: Direct		
3. Contribution #2 PAC Receipt?   YES   4 Date of Page int		
Name: MIKE & MARLENE SESA		
Address:		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer	25.00	80,00
Business Address		
Type of Contribution: Direct	Ì	
3. Contribution #3 PAC Receipt? © YES 4. Date of Receipt 6/26/04  Name: OARREN & M.J., YORK		
Address: 38964 NONTH POINTE HT. 48045		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer	40.00	100.00
Business Address		
Type of Contribution: Direct		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 6/26/04 Name: COMMITTE TO LUCT JAMES ULINOK!		
Address: 39 295 RYVERCHEST H.T. 48045		
5. If over \$100.00 cumulative, please provide:		
	100.00	
DccupationEmployer		
business Address		
ype of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	215,00	
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1. Committee I.D. Number \_\_\_\_/3533/-50 2. Committee Name CTE JAMES

		JE10510C.
Enter contributor's name and address. If contribution is from an individual, enter last name, first name middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Ea Contributor (Through
3. Contribution # 1 PAC Receipt? DYES 4. Date of Receipt 6/23/04		date of receipt )
Name: DOUG MCOBUCAL.		
Address: 41556 GLOCA MORA, H.T. 48045		
5. If over \$100.00 cumulative, please provide:	25,00	
OccupationEmployer		:
Business Address  Type of Contribution: Loan from a person  Eund Raiser		
3. Contribution #2 PAC Pacaint2 FLVES		
Name: HAROLO & VIRGINIA PORTER		
Address: 31595 N RIVER RD H.T. 48045		· -
5. If over \$100.00 cumulative, please provide:	100.00	
OccupationEmployer	100.00	
Business Address		
Type of Contribution: Direct		<u>.</u>
3. Contribution #3 PAC Receipt? DYES 4. Date of Receipt 6/26/04  Name: JOHN & BRALL POTOSK!		
Address: 41401 BAYAAVEN H.T. 48045	}	•
5. If over \$100.00 cumulative, please provide:	100,00	: :
OccupationEmployer		
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		;
8 Contribution #4 PAC Provints Dame		
8. Contribution #4 PAC Receipt? LIYES 4. Date of Receipt 6/26/04 Name: CHRISTOS & PELLAYIA ROUSTENIS		:
Address: 41311 GLOCA MORA N.T. 48045		- 1
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer	15.00	
Business Address		;
Type of Contribution: Direct		V
Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)	240.00	
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Summary Page

Authority granted under P.A. 388 of 1976



1. Committee I.D. Number /3533/-50
2. Committee Name CTE JAMES SENSTOCI

Enter contributor's name and address. If contribution is formal		
Enter contributor's name and address. If contribution is from an individual, enter tast name, first name middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Ea Contributor (Through
3. Contribution # 1 PAC Receipt? D YES 4. Date of Receipt 6/23/04		date of receipt )
JOSEPH Y BONNA REAT		;
Address: 39894 CLINTONVIEW ST H.T. 48045		
5. If over \$100.00 cumulative, please provide:	7500	
OccupationEmployer_	75,00	
Business Address		
Type of Contribution: Direct		<u> </u>
3. Contribution #2 PAC Receipt? TYES 4 Date of Page 1		
Name: NANCY BOOTH 6/30/04		·
Address: 35 331 BEACON WILL H.T. MI \$8045		·
5. If over \$100.00 cumulative, please provide:	140.00	
OccupationEmployer	100.00	
Business Address		
Type of Contribution: Direct		
3. Contribution #3 PAC Receipt? □ YES 4. Date of Receipt 7/1/04		
Name: GREG + KATHY NOWAK		
Address: 38845 PARKWAY CINCLE 4.T. 48045		
5. Wover \$100.00 cumulative, please provide:	25.00	
OccupationEmployer	20.00	
Business Address		:
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt?    YES 4. Date of Receipt		
Name: HANK & B. R. MORLIN		
Address: 38111 LAKESHORE H.T. 48045		
5. If over \$100.00 cumulative, please provide:	50.00	
OccupationEmployer		
Business Address		•
Type of Contribution: Direct		:
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	250.00	
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## SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number \_\_\_\_\_/3533/-50

2. Committee Name CTE JAMES SENSTOCA **CANDIDATE COMMITTEE** Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent 6. Amount 7. Cumulative for Committee. (PAC) Report all contributions from committees regardless of amount. Election Cycle for Eac Contributor (Through 3. Contribution # 1 date of receipt ) PAC Receipt? [] YES 4. Date of Receipt 6-21-04 Name: ERIN SILVESTRO Address: 39745 SYLVIA HARRISON TWP MI 48045 5. If over \$100.00 cumulative, please provide: 25.00 Occupation Employer\_ Business Address ☐ Fund Raiser PAC Receipt? | YES | 4. Date of Receipt 3. Contribution #2 7-4-04 Name: RUSEANN & ERROL GETTNER Address: 28090 COLERIOLE NARRISON TWP 48045 5. If over \$100.00 cumulative, please provide: Occupation \_\_\_\_Employer **Business** Address Type of Contribution: \(\)Direct \(\) Loan from a person ☐ Fund Raiser 3. Contribution #3 PAC Receipt? CI YES 4. Date of Receipt 7-8-04 Name: JOHN & JEANWIE GABOR Address: 41526 CLAIR PRINTE HARRISON TWO 48045 5. If over \$100.00 cumulative, please provide: 100.00 170,00 Occupation \_\_\_ Business Address \_\_ Type of Contribution: Direct Loan from a person M Fund Raiser 3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 7-8-04 Name: RICHARD + SUSAN RAPP Address: 39759 SYLVIA HARRISON TWP 5. If over \$100.00 cumulative, please provide: 50,00 Occupation \_\_ \_\_\_\_\_Employer\_\_\_ Business Address Type of Contribution: Direct Loan from a person ☐ Fund Raiser Page Subtotal Grand Total of All Schedules 1A 80,00 (Complete on last page of Schedule)

> Enter this total on line 3a of Summary Page

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Authority granted under P.A. 388 of 1976



1. Committee I.D. Number \_\_\_\_\_/3533/-50 2. Committee Name CTE JAMES SELET

Committee. (PAC) Report all contr				Election Cycle for Eac Contributor (Through
3. Contribution #1 PAC Re Name: LANRENCE 7		/ / ファイン/	***	date of receipt )
Name: LANTRENCE TO Address: 38040 HURDA	A PARTE			1
* Manual Association	POINTE HAK	1808 TWP 48045	-	
5. If over \$100.60 cumulative, ple			25.00	
Occupation	Employer		20,00	
Business Address Type of Contribution: Direct	Loan from a person	D Eurod Doi		
3. Contribution #2 PAC Re	ceipt? D YES 4. Date of R	cuno Kaiser		
Name:		, i.		
Address:				
5	es manuful			
5. If over \$100.00 cumulative, plea		1		
Occupation			1	
Business Address				
Type of Contribution: Direct  3. Contribution #3 PAC Rec	LJ Loan from a person	☐ Fund Raiser		
Name: Address:		eipt :		
Name: Address: 5. If over \$100.00 cumulative, pleas	se provide:			
Name: Address: 5. If over \$100.00 cumulative, pleas Occupation	se provide:			
Name: Address: 5. If over \$100.00 cumulative, pleas Occupation	se provide: Employer			: :
Name:  Address:  Lif over \$100.00 cumulative, please  Occupation  Susiness Address  Uppe of Contribution:  Direct	EmployerEmployer	☐ Fund Raiser		:
Name: Address:  5. If over \$100.00 cumulative, please Decupation Business Address Type of Contribution:	EmployerEmployer	☐ Fund Raiser		
Name: Address: 5. # over \$100.00 cumulative, pleas Decupation Business Address Type of Contribution: Direct Contribution # 4 PAC Rectame:	EmployerEmployer	☐ Fund Raiser		
Name: Address: 5. If over \$100.00 cumulative, pleas Docupation Business Address Type of Contribution: Direct Contribution # 4 PAC Rectame:	EmployerEmployer	☐ Fund Raiser		:
Name: Address: 5. If over \$100.00 cumulative, pleas Occupation Business Address Type of Contribution:  Direct  5. Contribution # 4 PAC Rectame: ddress: ddress:	Loan from a person elpt? YES 4. Date of Re	☐ Fund Raiser		
Name: Address: 5. If over \$100.00 cumulative, pleas Docupation  Business Address [type of Contribution: Direct  B. Contribution # 4 PAC Rectame; Address: Address: Contribution # 5 PAC Rectame; Address:	EmployerEmployer	☐ Fund Raiser		
Name: Address: 5. If over \$100.00 cumulative, pleas Docupation  Business Address  Type of Contribution: Direct  Direct  Direct  Address: Address: Address: Address: Address: Address: Address Address	Loan from a person elpt? YES 4. Date of Re	☐ Fund Raiser		
Name: Address: 5. If over \$100.00 cumulative, pleas Occupation  Business Address Type of Contribution: Direct  Contribution # 4 PAC Rectame: Address:  Mover \$100.00 cumulative, please	Loan from a person  provide:    Loan from a person	Fund Raiser  Fund Raiser  Page Subtotal and Total of All Schadules 14	25.00	
Name: Address: 5. If over \$100.00 cumulative, pleas Docupation  Business Address  Type of Contribution: Direct  Direct  Direct  Address: Address: Address: Address: Address: Address: Address Address	Loan from a person  provide:    Loan from a person	Fund Raiser  Celpt  Fund Raiser  Page Subtotal	25,00 3585,00	



#### ITEMIZED EXPENDITURES SCHEDULE 1B **CANDIDATE COMMITTEE**

135331-50 1. Committee I. D. Number\_

2. Committee Name	CTF	TAMES	JEN STY	20

Name and address of person or vendor to whom paid	Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1	(flay assign ari expenditure code)	<del> </del>	
Name CTE JAMES ULINSKI	Purpose: TICKETS		
Address 39295 RIVERCREST	Expenditure Code	6/12/	75.00
HARRISON TWP MI 48045  K Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	112/	25.00
Expenditure #2			<del></del>
Name MANHATTEN PRINTERS Y MAKERS Address 5/132 MILAND DRIVE	Purpose: MAILING COSTS		
MACOMB TWSP 4804Z	Expenditure Code	7/8/04	
☐ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	1904	551.76
Expenditure #3		<del></del>	
Name CTE DARREN YORK	Purpose:		. i
Address 38964 NORTH POINTE	Expenditure Code	7/18/	ZADD
#.T. 48045	Check box if this expenditure is payment of debt or obligation reported on previous statement	104	
Expenditure #4			
Name :	Purpose:		!
Address	Expenditure Code		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name	Purpose:	i	
Address	Expenditure Code		
☐ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		: i
	Subtotal this p		606.76

(Complete on last page of Schedule)

Enter this total on line 8a of Summary Page

LEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

Page/	/ol	 Authority granted under P.A. 388 of 197	7 <b>6</b>
		 Water and Prince L'V' 200 01 181	ı o

#### **DEBTS AND OBLIGATIONS** SCHEDULE 1E

**Bureau of Elections** 

1. Committee I.D. Number 135 331- 50
2. Committee Name CTE TAMES SENSTOCK.

#### **CANDIDATE COMMITTEE**

This Schedule Itemizes:  a. Debts and obligations owed by or forgiven the (Che	committee OR b.	Debts and obligations owed	to or forgiven by t	ne committee.
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Dutstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to SENSTOCK 31698 SAN JUAN HARLISON TUP MI 48045	4. Type: <u>CASH</u> Code  5. <u>Date Debt Was Incurred</u> : 5/25/04 6. <u>Original Amount of Debt</u> : \$ 2000,00		\$	\$ <u>2000,00</u>
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$	
Debt #2 Corp? Tyes Owed to STATE  JAMES SENSTOCK  31698 SAN TUAN  WARRISON TOP MI 48045	4. Type: IN-LIND  Code  5. Date Debt Was Incurred:  1-2-04 Tikku 7-18-04  6. Original Amount of Debt:  \$ 3597.85		\$	3597,85
If bank loan, name of endorser or guarantor:			vnount Endorsed: \$	
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: Code 5. Date Debt Was Incurred: 6. Original Amount of Debt: \$			
If bank loan, name of endorser or guarantor:			Amount Endorsed: :	, 5 .
PLEASE REFER TO INSTRUCTIONS FOR LIST OF E		•	Schedules 1E the committee)	5597.4/ 5597.4/ Enjer this total on line 12a "owed by" or tine 12b "owed to" of the
A debt or obligation must be shown on this Schedu this Campaign Statement or it was forgiven during the company of the company	ਾਦ ਜ there was an outstanding a the period covered by this Cami	imount owed on it at the ci paign Statement.	losing date of	Summary Page

Page \_\_\_\_ of \_\_\_\_Authority granted under P.A. 388 of 1976

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#### MICHIGAN DEPARTMENT OF STATE Bureau of Flections

### FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1. Committee I.D. Number 135331-50

2. Committee Name CTE TAMES SENSTOCK

Date Event Was Held	or Participating	lividuals Attending whichever is	5. Type of Fund F	laising Activity	6. Address and Name (If any) of the place where the activity was
0 - Z/ - Of nth Day Year	greater)	16	RIZZA	PARTY	Held TOTAL SPORTS  40501 PRODUCTION  Private Residence  PRIVATE RESIDENCE
otal Contributions of \$20.00	or less	245,00	)		
otal Contributions of \$20.01	or more			<del>4****</del>	
SUBTOTAL (Add lines 7 and	8)	245,00			
Other Receipts		<del></del>			80,60
Gross Receipts (Add lines 9	and 10)	245.00		<del></del>	26.49
Total Cost of Event*	<del></del>	<i>l</i> 87.	09		ncludes In-Kind Contributions and
Check if event was a join	nt fund raiser a	nd complete the	following:	E	xpenditures Made For the Event
Co-Sponsor(s)		Contribution S (%)	olit		Expenditure Split (%)
			<del></del>		
			<del></del>	·	***
		·			#
					-
					The state of the s
			<del></del>		
			<del> </del>		
covered by the Campaig	gn Statement.				ising event held during the period on the Itemized Contributions Sch
(1A), Itemized In-Kind C	Contributions S	chedule (1-IK), Ite	mized Expendit	ures Schedu	ale (1B) and the Summary Page.
			4 2714 man b 4	nata an ordin	dule for the event.



### MICHIGAN DEPARTMENT OF STATE Bureau of Elections

## FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

2. Committee Name\_

CTE THINKS SENSTOCK

	- USE A S	EPARATE ȘHI	EET FOR EACH E	VENT -	
3. Date Event Was Held  6 - 26 - 04  Month Day Year	4. Number of I or Participating greater)	ndividuals Attending g (whichever is	5. Type of Fund Raising	·	8. Address and Name (If any) of the place where the activity was held TELLYS TELLACE
					Private Residence
7. Total Contributions of \$20.00	or less				
8. Total Contributions of \$20.01	or more	Z90,	00		
9. SUBTOTAL (Add lines 7 and	18)	290-0	90		
10. Other Receipts	·	/			11 FOOD POST
11. Gross Receipts (Add lines 9	and 10)	290.	00		80.649
12. Total Cost of Event*		225.0	<b>3</b> '	*Inclu	des In-Kind Contributions and A
13. Check if event was a joi	int fund raiser	and complete the	following:	Expe	nditures Made For the Event
Co-Sponsor(s)		Contribution S (%)	•		Expenditure Split (%)
		<del></del>	· ·		
	-	<del>v 1200 d</del>			
	•		<u></u>		
			and the second s		
		<del>*</del>	<del></del>		
AND AND ADDRESS OF THE PARTY OF		-	· WirW		
			<del></del>		
	-	<del></del>	<del></del>	_	
The committee is require covered by the Campaignal			er Schedule for each for	und raising	g event held during the period
<ul> <li>Receipts and expenditu</li> <li>(1A), Itemized In-Kind C</li> </ul>	res listed on a	a Fund Raiser Sch Schedule (1-IK), Ite	edule must also be re emized Expenditures S	ported on Schedule (	the Itemized Contributions Sche 1B) and the Summary Page.
Each committee that page	articipated in a	a joint fund raiser n	nust file a Fund Ralser	r Schedule	for the event.
Page of _ 3 _ CFR Rev 9/1!	999f	Authority granted	under P.A. 388 of 1976		



#### MICHIGAN DEPARTMENT OF STATE **Bureau of Elections**

#### **FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE**

1. Committee I.D. Number /35 33/-50
2. Committee Name CTE TAMES SENSTACE

or	Number of Individuals Attending Participating (whichever is reater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held BAMON 5	
lonth Day Year	9	DIANER	143 MAN ST NT CLEMENS  Private Residence	
Total Contributions of \$20.00 or	less			
Total Contributions of \$20.01 or	more <u>400</u>	0,00		
SUBTOTAL (Add lines 7 and 8)	400	2,00	; ;	
. Other Receipts			185,05 POST	
. Gross Receipts (Add lines 9 an	d 10) 400	00	20.49	
. Total Cost of Event*			*Includes In-Kind Contributions and	
. Check if event was a joint t	fund raiser and complete the		enditures Made For the Event	
Co-Sponsor(s)	Contribution S (%)	plit	Expenditure Split (%)	
	-			
		<del></del>		
*****	***************************************	<del></del>		
	<u> </u>	····		
	<del></del>	<del></del>		
			•	
The committee is required covered by the Campaign		er Schedule for each fund raisi	ng event held during the period	
covered by the Campaign  Receipts and expenditures	Statement. s listed on a Fund Raiser Sch	nedule must also be reported o	ng event held during the period n the Itemized Contributions Sche n (1B) and the Summary Page.	

### N

## ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK CANDIDATE COMMITTEE

1. Committee I. D. Number	135 331	-50
2. Committee Name CTE	JAMES	SENSTOCK

CANDIDATE COMMIT			
i. Name and Address from whom received  f contribution is from an individual, enter last same first. Check box to indicate if contribution s from a Political Committee or an independent committee (Both are commonly called PACs).	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Report at in-kind contributions.  Contribution # 1 PAC Receipt? Yes lame JAMES SENSTOCE  Address: 3/698 SAN JUNA  HT 48045  f over \$100.00 cumulative, please provide: Decupation:  Employer:  Business Address:	4. ☐ Endorsement or Guarantee of Bank Loan ☐Goods Donated or Loaned ☐ Services Donated ☐Goods or Services Purchased by Candidate or Others ☐Goods or Services Purchased by Candidate or Others-LOAN Description ☐ ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	4.10	4.10
Contribution # 2 PAC Receipt? Yes  Name JAMES SENSTOCK  Address: 3/698 SAN JUAN  H 8045  If over \$100.00 cumulative, please provide: Occupation:  Employer:  Business Address:	4. ☐ Endorsement or Guarantee of Bank Loan ☐Goods Donated or Loaned ☐ Services Donated ☐Goods or Services Purchased by Candidate or Others ☐Goods or Services Purchased by Candidate or Others-LOAN  Description ☐ FUND RAISER FICKETS  5. Date Of Receipt: #/30/04  6. Vendor Name & Address: MAC CTY  REPUBLICAN PALTY	50.00	54, <i>10</i>
Contribution #3 PAC Receipt? Yes Name JAMES SENSTOCK Address: 31698 SAN JUAN If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐Goods Donated or Loaned ☐ Services Donated ☐Goods or Services Purchased by Candidate or Others ☐Goods or Services Purchased by Candidate or Others-LOAN Description ☐ FUNDRA/SER TICKETS  5. Date Of Receipt: ☐ 5/18/5 4  6. Vendor Name & Address: 77 € MIKE SESA	50,00	104.10
· · · · · · · · · · · · · · · · · · ·	Page Subtotal Grand Total of all Schedules 1-lK (Complete on last page of Schedule)	104.10	·

Enter this total on line 6 of Summary Page

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### 30

## SCHEDULE 1-IK CANDIDATE COMMITTEE

1. Committee I. D. Number 135 331-50

2. Committee Name OTE SAMES SENSTOCK

. Name and Address from whom received	4. Type of In-Kind Contribution (Check applicable box)	7. Amount or	8. Cumulative
f contribution is from an individual, enter last same first. Check box to indicate if contribution	5. Date of Receipt	Fair Market Value	for Election Cycle (Through
s from a Political Committee or an Independent committee (Both are commonly called PACs). Report all in-kind contributions.	Name & Address of Vendor from whom goods or services were purchased		date in Item 5)
contribution #1 PAC Receipt? ☐ Yes	4.  Endorsement or Guarantee of Bank Loan		
lame JAMES SENSTOCK	☐Goods Donated or Loaned ☐ Services Donated		
vddress:	Goods or Services Purchased by Candidate or Others		
	Goods or Services Purchased by Candidate or Others- LOAN	4	<b></b> -
f over \$100.00 cumulative, please provide: Occupation:	Description FUNDRAISER TICKETS	75,00	129,10
Employer:	5. Date Of Receipt: 5/22/04	2.5.	129010
Business Address:	6. Vendor Name & Address: CTA JOHN GABOR	·	
	41526 CGAIRPOINTE A.T. 48045	[	
Fund Raiser Contribution			
Contribution #2 PAC Receipt? TYes	4. Endorsement or Guarantee of Bank Loan		
Name FAMES SENSTOCK	☐Goods Donated or Loaned ☐ Services Donated		
Address:	Goods or Services Purchased by Candidate or Others		
•	AGoods or Services Purchased by Candidate or Others- LOAN	[	
f over \$100.00 cumulative, please provide: Occupation:	Description	13.72	142,82
Employer:	5. Date Of Receipt:	,5.	7707.
Business Address:	6. Vendor Name & Address: STRPLES		
	31900 GRATIOT ROSEVILLE MI	·	
☐ Fund Raiser Contribution	48066		
Contribution #3 PAC Receipt?  Yes	4. Endorsement or Guarantee of Bank Loan		
Name JAMES SENSTOCK	☐Goods Donated or Loaned ☐ Services Donated		
Address:	Goods or Services Purchased by Candidate or Others		
	Goods or Services Purchased by Candidate or Others- LOAN		7
f over \$100.00 cumulative, please provide: Docupation:	Description		4//-057
Employer:	5. Date Of Receipt: 6/7/04	3.16	145,98
Business Address:	6. Vendor Name & Address: OFFICE MAX		
Judited Pinulgo.	33840 GRATIOT CLINTON TWP MI		
Fund Raiser Contribution	48035		
	Page Subtotal	41.88	
	Grand Total of all Schedules 1-IK	11106	
	(Complete on last page of Schedule)		
		Enter this total	

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Enter this tota on line 6 of Summary Page

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## ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK CANDIDATE COMMITTEE

CANDIDATE COMMIT	i ec		
). Name and Address from whom received	4. Type of In-Kind Contribution (Check applicable box)	7. Amount or	8. Cumulative
f contribution is from an individual, enter last same first. Check box to indicate if contribution	5. Date of Receipt	Fair Market Value	for Election Cycle (Through date in Item 5)
s from a Political Committee or an Independent committee (Both are commonly called PACs). Report all in-kind contributions.	Name & Address of Vendor from whom goods or services were purchased		date in nem 5)
Contribution #1 PAC Receipt? ☐ Yes	4. ☐ Endorsement or Guarantee of Bank Loan		
dame JAMES SENSTOCK	☐Goods Donated or Loaned ☐ Services Donated		
\ddress:	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN		
f over \$100.00 cumulative, please provide: Occupation:	Description COPIES	79.47	225,45
Employer:	5. Date Of Receipt:	, , , ,	•
Business Address:	6. Vendor Name & Address: OFFICE MAX		
	33840 GRATIOT CLLATON TWP		,
☐ Fund Raiser Contribution	141 48035		:
Contribution #2 PAC Receipt? ☐ Yes	4. D Endorsement or Guarantee of Bank Loan		-
Name JAMES SENSTACK	Goods Donated or Loaned Services Donated		
Address:	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN		
if over \$100.00 cumulative, please provide: Occupation:	Description FUND RAISER		<u> </u>
Employer:	5. Date Of Receipt: 6/21/0 4	80.00	305.45
Business Address:	6. Vendor Name & Address: TOTAL SPORTS		
	40501 PRODUCTION H.T. 48045	•	
☐ Fund Raiser Contribution		·	:
Contribution #3 PAC Receipt?  Yes	4. Endorsement or Guarantee of Bank Loan		
Name JAMES SENSTOCK	☐Goods Donated ☐ Services Donated		
Address:	Goods or Services Purchased by Candidate or Others		
f over \$100.00 cumulative, please provide:	Goods or Services Purchased by Candidate or Others- LOAN  Description		
Occupation:		1/22/20	789,05
Employer:	1	707,00	101100
Business Address:	6. Vendor Name & Address: 115 POSTAL SELVICE		
	MT CLEMENS		
☐ Fund Raiser Contribution			
	Page Subtotal	643.07	
	Grand Total of all Schedules 1-IK (Complete on last page of Schedule)		
	(maniposa ari mat bago ar asinodio)	Enter this total	

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## ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK CANDIDATE COMMITTEE

ı	1. Committee I. D. Number		135 33/-50		
	2. Committee Name	CTE	JAMES	SENSTOCK	

CANDIDA! E COMMIT			· · · · · · · · · · · · · · · · · · ·
I. Name and Address from whom received  I contribution is from an individual, enter last lame first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).  Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box)  5. Date of Receipt  6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt?  Yes Name JAMES SENSTOCK Address:  f over \$100.00 cumulative, please provide: Occupation:  Employer:  Business Address:	4. ☐ Endorsement or Guarantee of Bank Loan ☐Goods Donated or Loaned ☐ Services Donated ☐Goods or Services Purchased by Candidate or Others ☐Goods or Services Purchased by Candidate or Others-LOAN Description ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	47.50	836,55
Contribution # 2 PAC Receipt?  Yes Name JAMES SENSTOCK Address:  f over \$100.00 cumulative, please provide: Occupation: Employer: Business Address:	4. ☐ Endorsement or Guarantee of Bank Loan ☐Goods Donated or Loaned ☐ Services Donated ☐Goods or Services Purchased by Candidate or Others ☐Goods or Services Purchased by Candidate or Others ☐Goods or Services Purchased by Candidate or Others-LOAN ☐Description ☐ FWWORNISER ☐5. Date Of Receipt: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	118.00	954.55
Contribution #3 PAC Receipt?  Yes Name JIMES SENSTOCK Address:  f over \$100.00 cumulative, please provide: Decupation: Employer: Business Address:	4. ☐ Endorsement or Guarantee of Bank Loan ☐Goods Donated or Loaned ☐ Services Donated ☐Goods or Services Purchased by Candidate or Others ☐Goods or Services Purchased by Candidate or Others ☐Goods or Services Purchased by Candidate or Others-LOAN  Description		1807,85
	Page Subtotal Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	1018.80	

Enter this total on line 6 of Summary Page

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#### **ITEMIZED IN-KIND CONTRIBUTIONS** SCHEDULE 1-IK **CANDIDATE COMMITTEE**

1. Committee I. D. Number CTE JAMES 2. Committee Name

	· ·		
3. Name and Address from whom received	4. Type of In-Kind Contribution (Check applicable box)	7. Amount or	8. Cumulative
f contribution is from an individual, enter last name first. Check box to indicate if contribution	5. Date of Receipt	Fair Market Value	for Election Cycle (Through
s from a Political Committee or an Independent Committee (Both are commonly called PACs).  Report at in-kind contributions.	Name & Address of Vendor from whom goods or services were purchased		date in Item 5)
Contribution #1 PAC Receipt?    Yes	4. D Endorsement or Guarantee of Bank Loan		
Name JAMES SENSTOCK	☐Goods Donated or Loaned ☐ Services Donated		
Address:	Goods or Services Purchased by Candidate or Others		ı
	Goods or Services Purchased by Candidate or Others- LOAN		
f over \$100.00 cumulative, please provide: Docupation:	Description MAC DAILY AD		
Employer:	5. Date Of Receipt: 7/9/04	375,00	2182.89
Business Address:	6. Vendor Name & Address: MACOM & Only	,	2100,00
	P.O. BOX 707 MT CLEMENS 48046		
☐ Fund Raiser Contribution	·		
Contribution #2 PAC Receipt? ☐ Yes	4. D Endorsement or Guarantee of Bank Loan		
TAMES SENSTOCK	Goods Donated or Loaned Services Donated		
vddress:	Goods or Services Purchased by Candidate or Others		
	☑Goods or Services Purchased by Candidate or Others- LOAN		
f over \$100.00 cumulative, please provide:  Occupation:	Description FUNDRAISER	<u> </u>	
Employer:	5. Date Of Receipt: 7/9/04	188.05	2970,90
Business Address:	6. Vendor Name & Address: DRMON'S		
	143 MAIN STREET MT CLEMENS	•	
☐ Fund Raiser Contribution	MI 48084		
Contribution #3 PAC Receipt?  Yes	4. D Endorsement or Guarantee of Bank Loan		<del>-  </del>
lame JAMES SENSTACK	Goods Donated or Loaned Services Donated		
ddress:	Goods or Services Purchased by Candidate or Others		
	AGGoods or Services Purchased by Candidate or Others- LOAN	1	
over \$100.00 cumulative, please provide:	Description SIGN TIES		_
imployer:	5. Date Of Receipt: 7/5/04	17.95	2388,85
lusiness Address:	6. Vendor Name & Address: HOME DIPOT		
	20500 13 MILL ROSEVILLE 48066		
☐ Fund Raiser Contribution			
	Page Subtotal	581,00	
	Grand Total of alt Schedules 1-IK (Complete on last page of Schedule)	33.722	
	(	Enter this total	
		on line 6 of	

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Bureau of Elections

## ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK CANDIDATE COMMITTEE

ITEMIZED IN-KIND CONTRIBUTIONS 1. Committee 1. D. Number /35 331-50

2. Committee Name	CTL	TAMES	SENSTOCK
L. Commission reme		<del></del>	

VAILDIDALE OUTHITT			
3. Name and Address from whom received	Type of In-Kind Contribution (Check applicable box)	7. Amount or Fair Market	8. Cumulative for Election
f contribution is from an individual, enter last name first. Check box to indicate if contribution	5. Date of Receipt	Value	Cycle (Through date in Item 5)
s from a Political Committee or an Independent Committee (Both are commonly called PACs). Report at in-kind contributions.	Name & Address of Vendor from whom goods or services were purchased		,
Contribution #1 PAC Receipt? ☐ Yes	4. D Endorsement or Guarantee of Bank Loan		
Name JAMES SENSTOCK	Goods Donated or Loaned Services Donated		
Address:	Goods or Services Purchased by Candidate or Others		
	Goods or Services Purchased by Candidate or Others- LOAN	,	•
f over \$100.00 cumulative, please provide: Occupation:	Description NEWSPAPER AD	1134,00	3522.8
Employer:	5. Date Of Receipt: 6/28/04		
<b>-</b>	6. Vendor Name & Address: C46 NEWSPARS		
Business Address:	13650 ELEVEN MILE WARREN 45089		
☐ Fund Raiser Contribution			
Contribution #2 PAC Receipt? ☐ Yes	4. Endorsement or Guarantee of Bank Loan		
Name JAMES SENSTOCK	Goods Donated or Loaned Services Donated		
Address:	Goods or Services Purchased by Candidate or Others  Goods or Services Purchased by Candidate or Others- LOAN		, , ,,,
If over \$100.00 cumulative, please provide: Occupation:	Description FUNDRAISER TICKETS	7000	+ 2400
Employer:	5. Date Of Receipt: 7/15/04	15,00	3597.85
• •	6. Vendor Name & Address: CTE JOHN LABOR		
Business Address:	41526 CLAIRSOINTE H.T. 48045		
X Fund Raiser Contribution			
Contribution #3 PAC Receipt? ☐ Yes	4. Endorsement or Guarantee of Bank Loan		-
Name	Goods Donated or Loaned Services Donated		-
Address:	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN		
If over \$100.00 cumulative, please provide: Occupation:	Description		
Employer:	5. Date Of Receipt:		
Business Address:	6. Vendor Name & Address:		
☐ Fund Raiser Contribution			
	Page Subtotal	1209.00	
	Grand Total of all Schedules 1-lK (Complete on last page of Schedule)	250795	1
	(compare on marked or concerns)	Enter this total	J

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